U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT.	
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1. File Number U - 15048	2. Fiscal Year Covered From:	
15048	OV/ OV/ DODY Through: (1)/3	/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Lynn @ Kinney	Name O.C. BO TURAN	
,	Labor Organization File Number 543 9	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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Name of Person Filling Lynn Kinney		File Number U-
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8. Name and address of Business (including trade name, if any). Name Sec Ottoble 2 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	a. Labor Organiza b. Trust	tion
City State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.
Name	: : !	
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P.O. Box, Bldg., Room No., if any	F	
Street	11 h. Approximate dollar value	e of such dealing
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
State ZIP Code + 4		
·	12.b. Amount.	
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
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Trade Name, if any:		
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	***************************************

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